

Motors LIQUIDATION COMPANY  
et al; f/k/a General Motors  
Corp, et al  
Chapter 11 Case NO  
09-50026 REG

FLA crash report number 06459570  
Latrell Barfield did not  
receive payment from  
Motors LIQUIDATION  
Company for the first  
claim. Latrell Barfield  
may be A victim of identity  
theft, mail fraud, mail  
tampering and illegal cell  
phone ease dropping; Latrell  
Barfield cell phone number is  
[REDACTED] Also infring-  
ment on Latrell Barfield  
is suspected by suspects  
stealing Latrell Barfield  
claim form original crash  
and filing claims with  
Motors liquidation com-  
pany. Latrell Barfield  
has owned several other  
General Motors Vehicles

LB 74 74

f/ Latrell Barfield  
Latrell Barfield

Date Aug 09 08:20:00  
Sanford, Fla  
Petition

03796593  
APS0709384572

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

Name of Debtor (Check Only One):  
☒ Motors Liquidation Company (f/k/a General Motors Corporation)  
☐ MLCS, LLC (f/k/a Saturn, LLC)  
☐ MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation)  
☐ MLCS of Harlem, Inc. (f/k/a Chevrolet-Saturn of Harlem, Inc.)

Case No.  
09-50026 (REG)  
09-50027 (REG)  
09-50028 (REG)  
09-13558 (REG)

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case, but may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(9) (see item 5). All other requests for payment of an administrative expense should be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property): **BARFIELD, LATRELL**

Name and address where notices should be sent:  
**BARFIELD, LATRELL  
PO BOX 1824  
SANFORD, FL 32772-1824**

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: (If known)

Filed on:

Telephone number:

Email Address:

Name and address where payment should be sent (if different from above):

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

PROOF OF CLAIM  
Your Claim is Scheduled As Follows:

19,000.00  
nineteen  
thousand  
dollars

THE GARDEN CITY PRODUCE INC  
NOV 2 2009

THE GARDEN CITY PRODUCE INC  
NOV - 2 2009

If an amount is identified above you have a claim scheduled by one of the Debtors as shown. (If scheduled amount of your claim may be amended to a previously scheduled amount) If you agree with the amount and priority of your claim against the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form. **EXCEPT AS FOLLOWS:** If the amount shown is listed as **DISPUTED, UNLIQUIDATED, CONTINGENT**, a proof of claim **MUST** be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need file again.

1. Amount of Claim as of Date Case Filed, June 1, 2009:

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is asserted pursuant to 11 U.S.C. § 503(b)(9), complete item 5.

☐ Check this box if claim includes interest or other charges in itemized statement of interest or charges.

2. Basis for Claim:

services performed/goods sold

3. Last four digits of any number by which creditor identifies debtor:

1589  
71-723371589

3a. Debtor may have scheduled account as:

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☒ Motor Vehicle ☐ Equipment ☐ Other

Describe: Value of Property: \$ 19,000.00 Annual Interest Rate 0%

Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ 000.00

Basis for perfection: CASH

Amount of Secured Claim: \$ 19,000.00 Amount Unsecured: \$ 00.00

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain in an attachment.

Date 10-1-09  
October 2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Latrell D. Barfield Latrell Denise Barfield

\*Amounts are subject to adjustment 4/1/10 and every 3 years thereafter respect to cases commenced on or the date of adjustment.

FOR COURT USE

LB7474